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PTO/SB/82 (10/00)

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| | |
|------------------------|---------------|
| Application Number | 09/915,121 |
| Filing Date | July 25, 2001 |
| First Named Inventor | James Costin |
| Group Art Unit | 1623 |
| Examiner Name | E. White |
| Attorney Docket Number | 452005-43 |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:☐ Customer Number

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| <input checked="" type="checkbox"/> Firm or Individual Name | Raymond E. Stauffer Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein | | | | |
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I am the:

☐ Applicant/inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|--|
| Name | MEDPOINTE HEALTHCARE INC., PREVIOUSLY CARTER-WALLACE, INC. |
| Signature | |
| Date | 4/9/03 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/81 (02-01)

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| Examiner Name | E. White |
| Attorney Docket Number | 452005-43 |

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| Raymond J. Lillie | 31,778 |
| William Squire | 25,378 |
| Alan J. Grant | 33,389 |
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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

MEDPOINT HEALTH CARE INC., Previously CARTER-WALLACE, INC.

Signature

Date

4/3/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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